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Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Open to Rubilo

A	For the	2010 calendar year, or tax year beginning $$ SEP $1,$ 2010 $$ and ending	AUG 31, 2011			
В	Check if applicable:	C Name of organization	D Employer identific	ation number		
	Address change	SUSTAINABLE MARKETS FOUNDATION				
	Name change	Doing Business As	13-4:	188834		
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number	,		
	Termin-		FL 212	764-0521		
	Amende	City or town, state or country, and ZIP + 4	G Gross receipts \$	4546441.		
	Applica	NEW YORK, NY 10018	H(a) Is this a group re	tum		
	panding	F Name and address of principal officer.GEOFF BOEHM	for affiliates?	Yes X No		
		45 WEST 36TH STREET, NEW YORK, NY 10018	H(b) Are all affiliates inc	luded? Yes No		
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	527 If "No," attach a	list. (see instructions)		
		»: ▶ NONE	H(c) Group exemption	n number 🕨		
K	Form of (organization: X Corporation Trust Association Other	ear of formation: 2001 N	State of legal domicile; NY		
12		Summary				
•	1 E	Briefly describe the organization's mission or most significant activities: PROMOTE	ENVIRONMENTAL			
Activities & Governance	1 1	PROTECTION, CONSUMER PROTECTION AND HEALTH &	SAFETY.			
Ĕ	2 (Check this box 🕨 📖 if the organization discontinued its operations or disposed of r	nore than 25% of its net as	sets.		
8	3 1	lumber of voting members of the governing body (Part VI, line 1a)	3	3		
<u>ග</u> නේ	4 1	Number of independent voting members of the governing body (Part VI, line 1b) $\ \dots \ \dots$		3		
S	5 1	otal number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0		
Ϋ́	6 7	Total number of volunteers (estimate if necessary)	6	300		
Ę	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.		
_	ы	Net unrelated business taxable income from Form 990-T, line 34	7ь	0.		
			Prior Year	Current Year		
9	8 (Contributions and grants (Part VIII, line 1h)	3921966.	4343644.		
ራ⊍ [ሬ Revenue	9 6	Program service revenue (Part VIII, line 2g)	0.	0.		
⋛⋛	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	13450.	6524.		
~ "	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3563.	-2589.		
<u> </u>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3931853.	4347579.		
7	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1092657.	1180275.		
.i O 8	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
₹ 8	15	Salaries, other compensation, Employed Deperits (Part IX, column (A), lines 5-10)	0.	0.		
Expenses	16a l	Professional fundralsing fees (Part IX, column (A), line 1(0)	0.	0.		
ĵ a	Ь.	Fotal fundralsing expenses (Part IX, column (D), line 25)				
	17 (Other expenses (Part IX @umd (A), lines \$12-140, 111-241	2915754.	2779264.		
くろう	18	Fotal expenses. Add lines 13-17 (must equal Part IX, chi/mn (A), line 25)	4008411.	3959539.		
	19	Revenue less expenses Subtract line 18 from line 12	-76558.	388040.		
Net Assets or	<u> </u>	OGDEN, OI	Beginning of Current Year			
188	ള 20 ·	Total assets (Part X, line 16)	1365440.	1750919.		
¥,	21	Total liabilities (Part X, line 26)	92540.	89979.		
Ž	22	Net assets or fund balances. Subtract line 21 from line 20	1272900.	1660940.		
		Signature Block				
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st		y knowledge and belief, it is		
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	oarer has any knowledge.	 		
		Signature of officer	Date /	·····		
Si	~ I	,		6/12		
He	ere	GEOFF BOEHM, SECY/TREAS Type or print name and title	///	0/12		
_			Date Check	TELL DYIN		
I LING A Short of the line " " " " Tarif						
Pa		RETER DIEHL CPA PATU MULL	7-16-12 self-employ	ed 1		
	eparer	Firm's name	Firm's EIN			
US	е Оліу	Firm's address	Dt			
	41: - 100	O disease this makes with the second control of the second control	Phone no.	10 101		
	ay the IF	IS discuss this return with the preparer shown above? (see instructions)		Yes X No		
41.31						

(Expenses \$ 1374614. including grants of \$ 575275.) (Revenue \$ 4e Total program service expenses ▶ 3836194.

4d Other program services (Describe in Schedule O)

			Yes	J NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	┢┺	 -	\vdash
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
	during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		ŀ
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		X
•	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	١		
199	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
120	Schedule D, Parts XI, XII, and XIII	100	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	21	\vdash
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	X	L
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u></u>		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	യവ /	2010

Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete X Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a $\overline{\mathbf{x}}$ b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

is any related organization a controlled entity within the meaning of section 512(b)(13)? 35

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 _ Yes X No

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O

X Form 990 (2010)

 $\overline{\mathbf{x}}$

X

X

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Tall Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return l at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rive (see instructions) 3 b If the comparation have unrelated busenses gross income of \$1.000 or more during the years? 3a X 3b If "Yes," has it field a Form 990 ff or this year? If "No," provide an explanation in Schedule O 5 If "Yes," has it field a Form 990 ff or this year? If "No," provide an explanation in Schedule O 5 If "Yes," enter the name of the foragin country Explanation in Schedule O 6 If "Yes," enter the name of the foragin country Explanation in Schedule O 8 If "Yes," enter the name of the foragin country Explanation in Schedule O 8 If "Yes," enter the name of the foragin country Explanation in Schedule O 9 If "Yes," enter the name of the foragin country Explanation in Schedule O 10 If "Yes," enter the name of the foragin country Explanation in Schedule O 11 If "Yes," enter the name of the foragin country (such as a bank account, securities account, or other financial account)? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to the said Explanation of the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," of the explanation in the transaction of the said that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," in the said that were not tax deductible? 5c If "Yes," indi		Check if Schedule O contains a response to any question in this Part V			\Box
18 Enter the number reported in Box 3 of Form 1096. Enter -0 -fin of applicable 10 0 19 Enter the number of Forms W2-5 choluded in line 1.2 Enter -0 -fin of applicable 10 0 10 Of the organization comply with backup witholding rules for reportable payments to vendors and reportable gaming (gambling) with moving to prize with backup witholding rules for reportable payments to vendors and reportable gaming (gambling) with movings to prize with backup with office of the calendar year ending with or within the year covered by this return. 2				Vac	No
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a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a Inflation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand liab Light Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	9		-		
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amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а	Gross income from members or shareholders			
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Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a	13				<u> </u>
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a	а		13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 13c 14a X 15					1
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	þ	·			l
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					l
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
			_		<u> </u>
	b	It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			(00.15)

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SUSTAINABLE MARKETS FOUNDATION

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Х
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:	1		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			1
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		_	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	ļ
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	<u> </u>	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	<u> </u>	
13	Does the organization have a written whistleblower policy?	13	X	ļ
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77	
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	X	 -
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			₹.
_	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		<u> </u>
	tion C. Disclosure			-
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	or		
	public inspection. Indicate how you make these available. Check all that apply			
40	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	no fina	ncial	
00	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza $JAY \ HALFON - 212 \ 764-0521$	uon. 🗩	- —	
	45 WEST 36TH STREET, NY, NY 10018			

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SUSTAINABLE MARKETS FOUNDATION

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule	O contains a respon	nse to any question	n in this Part VII
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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons.

Check this box if neither the organization	nor any related	orga	anıza	ation	COI	npe	nsat	ed any current officer, of	director, or trustee	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per	(C	hecl	k all	that	app	ly)	compensation	compensation	amount of
	week (describe	흜						from the	from related organizations	other compensation
	hours for	ě			l	ate D	İ	organization	(W-2/1099-MISC)	from the
	related	stee	truste		۰	bensa	ŀ	(W-2/1099-MISC)	(** 2. *********************************	organization
	organizations	ES E	onal		blog	t com	ł .			and related
	ın Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	o me			organizations
ELIZABETH HITCHCOCK	O)	┝	<u> </u>	-	Ě		Ë			
PRESIDENT	1.00	x		x				0.	0.	0.
STEVE KLEINBERG	1		<u> </u>							
VICE PRESIDENT	1.00	х		х				0.	0.	0.
GEOFF BOEHM		l		l					_	_
SECRETARY/TREASURER	5.00	X	<u> </u>	X	_	_	<u> </u>	0.	0.	0.
JAY HALFON DIRECTOR & GENERAL COUNSEL	25.00			x				0.	0.	0.
DIRECTOR & GENERAL COUNSEL	23.00	┢	╁╌	₽			-	0.	0.	<u> </u>
		 	t	t			<u> </u>			
									· · · · · · · · · · · · · · · · · · ·	
			Ħ							
				-	_	-	-			
-	-									
		-	-	-			-			
					_		L			
		<u> </u>			L_	L	<u> </u>	l	<u> </u>	- 000

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	(A)	(B) Average	(B) (C)					est	(D) (E)			(F)		
	Name and title	hours per week (describe	per (check					ly)	Reportable compensation from	Reportable compensatio from related		an	stimate nount other	of
		(describe hours for related organizations in Schedule O) (describe hours for related organizations in Schedule O) (describe hours for related organizations in Schedule O) (w.2/1099-MISC) (w.2/1099-MISC)												
				· ——										
					-								·	
	-													
							ļ							
c	Sub-total Total from continuation sheets to Part V	/II, Section A		1			>	-	0.		0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bov	e) wl	no r	1	l),000 in reportabl				0
3	Did the organization list any former officel line 1a? If "Yes," complete Schedule J for		stee	, ke	y en	plo	yee,	or h	highest compensated e	mployee on		3	Yes	No X
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab 50,000? If "Yes,	" co	mple	ete S	Sche	edul	e J i	for such individual			4		x
5 Sec	Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor ction B. Independent Contractors					-		elat	ted organization or indiv	idual for services		5_	х	
1	Complete this table for your five highest of the organization	ompensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pens	ation	from	
<u> </u>	(A) Name and busines XICS TARGETING, 215 N.		- Cr	ां चर्च	- क	_			(B) Description of s	services	С		C) nsatio	n
SU:	ITE 105, ITHACA, NY 14 R NEXT ECONOMY LLC								PROJ MANAGEM	ENT		2	810	00.
8419 W BLVD DRIVE, ALEXANDRIA, VA 22308 TIGERCOMM LLC, 1901 NO. FT. MYER DRIVE,						PROGRAM DIRECTING			180000.					
AK	LINGTON, VA 22209								PROGRAM MEDI	A	· <u>-</u> .	1	270	TU.
2	Total number of independent contractors \$100,000 in compensation from the organ	-	ot lii	mıte	d to		se l: 3	stec	above) who received r	nore than				

<u> Fa</u>	`	or Statement of Rever	iue		(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue excluded from
						exempt function revenue	business revenue	tax under sections 512, 513, or 514
इध	1 a	Federated campaigns	1a	•		Ţ		
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
S, E	С	Fundraising events	1c					
ar ig	d		1d	-r*.				
έĒ	е		ions) 1e					•
i i	f	All other contributions, gifts, gran	ts, and					
호취		similar amounts not included abo	1 1	4343644.				
불위	g	Noncash contributions included in lines		198861.				
용티	-	Total. Add lines 1a-1f		•	4343644.			
				Business Code				-
e	2 a							
ا∝ٍ₹	b	· · · · · · · · · · · · · · · · · · ·						
Program Service Revenue	c						•	
e a	d							
Page	e							
<u>. </u>	f	All other program service reve	enue					
	a	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		•	4064.			4064.
	4	Income from investment of ta	x-exempt bond of	proceeds				
	5	Royalties		•				
		•	(ı) Real	(ii) Personal				
	6 a	Gross Rents						
	b	Less rental expenses						
	С	5						
	d	Net rental income or (loss)		•				1
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
ł		assets other than inventory	201322.					
	b	Less cost or other basis						
		and sales expenses	198862.					
1	С	Gain or (loss)	2460.					
j	d	Net gain or (loss)			2460.			2460.
	8 a	Gross income from fundraisin	g events (not					
ᇎ		including \$	of					
ě		contributions reported on line	1c) See					
F		Part IV, line 18	а					
Other Revenu	b	Less direct expenses	b					
١	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	tivities See			1		
-		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ning activities	•				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less cost of goods sold	b					
l	c	Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu	е	Business Code				
	11 a	UNREALIZED LOSS	ON SEC	523000	-2589.			-2589.
	b							
]	С							
ļ	d	All other revenue						
	е	Total. Add lines 11a-11d			-2589.			
	12	Total revenue. See instructions.			4347579.	0.	0.	3935.
03200 12-21	9 - 10							Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and		· · · · · · ·	• • • • • • • • • • • • • • • • • • • •	 				
	organizations in the U.S. See Part IV, line 21	1180275.	1180275.						
2	Grants and other assistance to individuals in								
	the U.S. See Part IV, line 22								
3	Grants and other assistance to governments,								
	organizations, and individuals outside the U.S								
	See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,				· ·				
	trustees, and key employees								
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages								
8	Pension plan contributions (include section 401(k)								
	and section 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees).								
а	Management								
ь	Legal	80000.		80000.					
C	Accounting	16665.		16665.					
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other								
12	Advertising and promotion								
13	Office expenses								
14	Information technology								
15	Royalties								
16	Occupancy	30686.	15686.	15000.					
17	Travel	170880.	170880.						
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials		44.5						
19	Conferences, conventions, and meetings	1195.	1195.						
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	1505	1005		· · · · · · · · · · · · · · · · · · ·				
23	Insurance	1795.	1795.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line								
	24f amount exceeds 10% of line 25, column (A)								
	amount, list line 24f expenses on Schedule O.)	(22102	622102						
	PROJECT ORGANIZING	633182.	633182.		100/2				
Ь	PROGRAM DIRECTING	542127.	531284.		10843.				
C	PROGRAM MANAGEMENT	275219.	275219.		, <u></u>				
d	PROJECT COORDINATION	160073.	160073.						
e	MEDIA	136117.	136117.	027					
f	All other expenses SEE SCH O	731325.	730488.	837.	10042				
25	Total functional expenses. Add lines 1 through 24f	3959539.	3836194.	112502.	10843.				
26	Joint costs Check here I if following SOP								
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising								
	solicitation								

Form 990 (2010)
Part X Balance Sheet

	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	58997.	1	83238.
	2	Savings and temporary cash investments	1184725.	2	1365296.
	3	Pledges and grants receivable, net	85370.	3	262500.
	4	Accounts receivable, net	6232.	4	12357.
	5	Receivables from current and former officers, directors, trustees, key			· · · · · · · · · · · · · · · · · · ·
		employees, and highest compensated employees. Complete Part II	<u> </u>		
	ŀ	of Schedule L	ĺ	5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)	1	6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	13000.	9	13000.
	10a	Land, buildings, and equipment. cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	17116.	11	14528.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	······································
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1365440.	16	1750919.
	17	Accounts payable and accrued expenses	68790.	17	69979.
	18	Grants payable	23750.	18	20000.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	<u></u>
Liabilities	22	Payables to current and former officers, directors, trustees, key employees)		
Lia!		highest compensated employees, and disqualified persons Complete Par	t II		
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	92540.	25	89979.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete		26	03313.
10		Organizations that follow SFAS 117, check here and completines 27 through 29, and lines 33 and 34.	ete		
č	27	Unrestricted net assets	152183.	27	4354.
alar	28	Temporarily restricted net assets	1120717.	28	1656586.
ĕ	29	Permanently restricted net assets	1120717.	29	1030300.
Ĕ		Organizations that do not follow SFAS 117, check here		29	
Ĕ	ŀ	complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ť.	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	1272900.	33	1660940.
	34	Total liabilities and net assets/fund balances	1365440.	34	1750919.

Form **990** (2010)

Form	990 (2010) SUSTAINABLE MARKETS FOUNDATION	13-418	88834	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		475	-
2	Total expenses (must equal Part IX, column (A), line 25)	2			39.
3	Revenue less expenses Subtract line 2 from line 1	3	38	380	40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12'	729	00.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	160	509	40.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis		li		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2010)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010

Open to Public Inspection

Name of the organization

Employer identification number 13-4188834

		SUSTAIN	NABLE MARKETS	FOUN	DATIO	N			1	3-4188834	
Part I	Reason	for Public Cha	rity Status (All organiz	ations mu	st complet	te this part	t.) See inst	tructions.			
he orga	nization is not a	a private foundation	because it is (For lines 1	1 through	11, check	only one b	ox)				
2	1		70(b)(1)(A)(ii). (Attach Sc				·- / · / · / · / · / · / · / ·				
з 🗀	3		ital service organization of	•	ın section	170(b)(1)(Al(iii).				
4	1	search organization	operated in conjunction					(b)(1)(A)(iii	i). Enter 1	the hospital's name) ,
5	An organizat		benefit of a college or unlete Part II)	niversity o	wned or op	perated by	a governi	mental uni	t describ	ed ın	
6 🖳		ate, or local governn	nent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).				
7 <u>X</u>	J	ion that normally red (b)(1)(A)(vi). (Comple	ceives a substantial part e ete Part II)	of its supp	ort from a	governme	ental unit c	or from the	general	public described in	I
8 🗀	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)						
9 🗀			ceives (1) more than 33 1			rom contri	butions, m	nembershij	p fees, a	nd gross receipts fi	rom
			nctions - subject to certa							-	
			taxable income (less sect							-	
		509(a)(2). (Complet	•		•		•	, ,			
10 🗀	7		perated exclusively to te	st for publ	c safety 5	See sectio	n 509(a)(4	1).			
11 🗀	1		perated exclusively for th						v out the	purposes of one o	r
			ations described in section								
			organization and comple				•	•			
	а 🔲 Туре	ı b 🗀	Type II	с 🔲 тур	e III - Fund	tionally int	tearated		d□	Type III - Other	
е 🗔	By checking	this box, I certify th	at the organization is not			•	Ū	r more disc	gualified	· ·	ı
			than one or more publicly								
f			tten determination from t		_				1-7 (<i>7</i>	,	
		rganization, check t			,	F 7 F-	.,,				
g		•	organization accepted ar	nv aift or c	ontribution	from any	of the follo	owing pers	sons?		
•	_		directly controls, either al			-		٠.		Yes	No
			supported organization?			p 0.000		() (.	,	11g(i)	
	-		n described in (i) above?							11g(ii)	
		•	a person described in (i) o		- ?					11g(iii)	
h		•	about the supported or	٠.						[** 9 (***/]	
••	1 101100 1110 1	one wing intermation	about the supported of	garnzation	(3)						
	e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) k	organization sted in your document?		ion in col.	Lorganizatio) Is the ation in col. in col. in col. in col. support		
			(see instructions))	Yes	No	Yes	No	Yes	No		
				-							
						· · · · ·					
	······································					<u> </u>					
r_+_ı		1	1		1	I					

Schedule A (Form 990 or 990-EZ) 2010 SUSTAINABLE MARKETS FOUNDATION 13-4188834 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008(d) 2009 (e) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 976470. 2091885. 1646351. 3921966. 4343644.12980316. include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 976470. 2091885. 1646351. 3921966. 4343644.12980316. 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 3821886. 6 Public support. Subtract line 5 from line 4 9158430. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (d) 2009 (c) 2008 (e) 2010 (f) Total 4343644.12980316. 976470. 2091885. 1646351. 3921966. 7 Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties 5999. 7814. 15089 9887. 3933. 42722. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13023038. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 70.32 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f) 14 % 61.1715 Public support percentage from 2009 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization \mathbf{x}

b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more. and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

and stop here. The organization qualifies as a publicly supported organization

10%	-facts-and-circumstances test -	2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
more,	and if the organization meets the	"facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	

Schedule A (Form 990 or 990-EZ) 2010 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support					-	
Cal	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and		, ,	1			
	membership fees received (Do not				•		
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						1
ĺ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5 000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)			l			
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 📂	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
i	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orgar	ization,
	check this box and stop here					·	
_	ction C. Computation of Publ						
15	Public support percentage for 2010 (I	ine 8, column (f) d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2009	Schedule A, Part	III, line 15			16	%
<u>Se</u>	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	10 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2009 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2010. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line	
	more than 33 1/3%, check this box a						▶□
ı	33 1/3% support tests - 2009. If the						, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						▶□

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Department of the Treasury Internal Revenue Service ➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organization	tions Complete Part III			
Nan	ne of organization			En	nployer identification number
		ABLE MARKETS FO			13-4188834
Pa	rt I-A Complete if the org	janization is exempt un	der section 501(c	or is a section 527	organization.
2	Provide a description of the organiz Political expenditures Volunteer hours	zation's direct and indirect polit	ical campaign activities		\$
Pa	rt I-B Complete if the org	ganization is exempt un	der section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization ur	nder section 4955		\$
2	Enter the amount of any excise tax	incurred by organization mana-	gers under section 495	5	\$
3	If the organization incurred a section	in 4955 tax, did it file Form 472	0 for this year?		Yes No
4 a	Was a correction made?				└ Yes
	If "Yes," describe in Part IV.		dan		2/-1/0
		ganization is exempt un			
	Enter the amount directly expended		•		^ \$
2	Enter the amount of the filing organ	ization's funds contributed to o	other organizations for s	section 527	
_	exempt function activities				* \$
3	Total exempt function expenditures	s. Add lines 1 and 2 Enter here	and on Form 1120-POI	•	
	line 17b	4400 POL 6-14-1-1-0		•	* \$
	Did the filing organization file Form		"(N)) of all anathras 507 -		Yes No
5	Enter the names, addresses and er made payments. For each organization		•	•	• •
	contributions received that were pr				
	political action committee (PAC) If	• •	•	•	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	n (e) Amount of political
	(a) Name	(5) Address	(6) 2.114	filing organization's	1
				funds If none, enter	O. promptly and directly
					delivered to a separate political organization
					If none, enter -0
			1		
				•	•

Schedule C (Form 990 or 990-EZ) 2010 Part II-A Complete if the org	SUSTA	INABL	E MARKETS F	OUNDATION	13-4	188834 Page 2
(election under sec			mpt under scotte		54 1 01111 37 00	
A Check Lifthe filing organiza	<u>`</u>		liated group			
. —	_		nd "limited control" pr	ovisions apply		
Limi	ts on Lobby	ying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence publi	c opinion (grass roots lobbying)			
b Total lobbying expenditures to infli	uence a legi	slative bo	dy (direct lobbying)			
c Total lobbying expenditures (add l	ines 1a and	1b)			0.	
d Other exempt purpose expenditure	es			<u> </u>		
e Total exempt purpose expenditure	•		•	<u> </u>	0.	
f Lobbying nontaxable amount Enti		nt from th	e following table in bo	th columns.	0.	
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	nount is:		
Not over \$500,000		20% of	the amount on line 1e	·		
Over \$500,000 but not over \$1,000		\$100,00	00 plus 15% of the exc	cess over \$500,000		
Over \$1,000,000 but not over \$1,5		\$175,00	00 plus 10% of the exe	cess over \$1,000,000		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	:	\$1,000,	000			
g Grassroots nontaxable amount (er		•		1	0.	
h Subtract line 1g from line 1a If zer				1		
i Subtract line 1f from line 1c If zero	•			Į.		
j If there is an amount other than ze		line 1h or	line 1i, did the organiz	zation file Form 4720	_	
reporting section 4911 tax for this					L	Yes No
•	ations that	made a s	, ,	r Section 501(h) in do not have to comp es 2a through 2f on pa		
	Lobby	ing Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20	007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount				į		
(150% of line 2a, column(e))				ļ		
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount		 .				
(150% of line 2d, column (e))						
, , , , , , , , , , , , , , , , , , , ,						
f Grassroots lobbying expenditures				}		

Schedule C (Form 990 or 990-EZ) 2010

13-4188834 Page 3

Schedule C (Form 990 or 990-EZ) 2010 SUSTAINABLE MARKETS FOUNDATION 13-418883

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a	1)	(b)	
	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total Add lines 1c through 1i				
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	on 501(c)	(5), or se	ction	
501(c)(6).				
		,	Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1		_
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
		ne 3 is a		
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes." Dues, assessments and similar amounts from members	rt III-A, lii			
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures).	rt III-A, lii	ne 3 is a		
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	rt III-A, lii	ne 3 is a		
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year	rt III-A, lii	1 2a		
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	rt III-A, lii	ne 3 is a		
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	rt III-A, lii	1 2a 2b		
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	rt III-A, İi	1 2a 2b 2c		
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	rt III-A, lii	1 2a 2b 2c		
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislations, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6). d Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III" Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion		2a 2b 2c 3		
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV Total Add lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues III notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization ag		1 2a 2b 2c		
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Makings to members, legislators, or the public? Makings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Railles, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV Intelled Ald lines 1c through 1i Dut the activates in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization in activities a section 4912 as did if the Form 4720 for this year? If the filing organization in activities a section 4912 as did if the Form 4720 for this year? If the filing organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization series the composition of the section \$01(c)(6), fit BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes," Dues, assessments and similar amounts from members Section 162(e) nonedeductible lobbying and political expenditures (do not include amounts of political expenses for whic				
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(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR	rt III-A, lii	2a 2b 2c 3		
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 Open to Public Inspection

➤ Attach to Form 990. ➤ See separate instructions.

Name of the organization

SUSTAINABLE MARKETS FOUNDATION

Employer identification number 13-4188834

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the					
	organization answered "Yes" to Form 990, Part IV, lin	e 6						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds					
	are the organization's property, subject to the organization's		Yes No					
6	Did the organization inform all grantees, donors, and donor a		used only					
	for charitable purposes and not for the benefit of the donor of	_ _	•					
	impermissible private benefit?	,	Yes No					
Pai		ganization answered "Yes" to Form 990, F						
1	Purpose(s) of conservation easements held by the organizat							
	Preservation of land for public use (e.g., recreation or e		storically important land area					
	Protection of natural habitat	· r	ified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last					
	day of the tax year							
			Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c					
d	Number of conservation easements included in (c) acquired	, ,						
	listed in the National Register		2d					
3								
	year >	, , , , , , , , , , , , , , , , , , , ,	-					
4	Number of states where property subject to conservation ea	sement is located						
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements in	t holds?	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	uring the year					
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year > \$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense	e statement, and balance sheet, and					
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for					
	conservation easements							
Pa	t III Organizations Maintaining Collections o	•	ther Similar Assets.					
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8						
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,					
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of public service, provide, in Part XIV,					
	the text of the footnote to its financial statements that descr	ibes these items						
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	t and balance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts					
	relating to these items							
	(i) Revenues included in Form 990, Part VIII, line 1		> \$					
	(ii) Assets included in Form 990, Part X		► \$ ► \$					
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	il gain, provide					
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items						
а	Revenues included in Form 990, Part VIII, line 1		> \$					
b	Assets included in Form 990, Part X		► \$ ► \$					

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Par	t III Organizations Maintaining C	Collections of A	<u>rt, Historical Ti</u>	reasures, o	r Other	<u>Si</u> mil	ar Asse	ts (contir	nued)	
3	`Using the organization's acquisition, accessi	on, and other record	ds, check any of the	following that	are a sigi	nıficant	use of rts	collection	ıtems	 3
	(check all that apply)									
а	Public exhibition	c	I Dan or exc	change program	ns					
b	Scholarly research	e								
С	Preservation for future generations					•				
4	Provide a description of the organization's co	ollections and explai	in how they further t	the organizatio	n's exem	ot purpi	ose in Par	t XIV		
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m							Yes		No
Par	t IV Escrow and Custodial Arran				Yes" to Fo	orm 990) Part IV			
	reported an amount on Form 990, Pa		and the second second			000	,, , , , , , , , , , , , , , , , , , , ,			
1a	Is the organization an agent, trustee, custod		diary for contribution	ns or other ass	ets not in	cluded				
	on Form 990, Part X?	ian or other intermet	dialy for contribution	ilo di dilici ass	icis noi ii	iciaaea		Yes		No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table					7 163		М
-	Too, explain the arrangement in rate XIV	and complete the it	Discoving table					Amount		—
c	Beginning balance					10		Amount		
	Additions during the year					1c				—
u	Distributions during the year					1d				
	Ending balance					1e				
20	•	aum 000 David V Ivaa	040					1,,	7	
	Did the organization include an amount on F		217					」Yes		No
Par	If "Yes," explain the arrangement in Part XIV T V Endowment Funds. Complete			000 B+ 1	· / · · 10					
	Endownient Lands. Complete					. Th				
4	Decimal of wear below as	(a) Current year	(b) Prior year	(c) Two years	Dack (d) Inree y	ears back	(e) Four	years o	ack
1a	Beginning of year balance			<u> </u>						
D	Contributions									
С.	Net investment earnings, gains, and losses				<u> </u>					
đ	Grants or scholarships									
е	Other expenditures for facilities			1						
	and programs									
f	Administrative expenses									
g	End of year balance			<u> </u>						
2	Provide the estimated percentage of the year	r end balance held a	as							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	<u></u> %								
С	Term endowment	%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and administer	ed for the	organi	zation	_		
	by.								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?					3b		
4	Describe in Part XIV the intended uses of the	organization's ende	owment funds							
Par	t VI Land, Buildings, and Equipm	nent. See Form 990), Part X, line 10							
	Description of investment	(a) Cost or o	ther (b) Cos	t or other	(c) Acc	umulate	ed	(d) Book	value	
		basis (investr		(other)	depre	eciation	- 1			
1a	Land									
b	Buildings					•				
С	Leasehold improvements				-				-	
	Equipment									
	Other									
	l. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line	10(c))						0.

Schedule D (Form 990) 2010

(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) (J) Total (Col (b) must equal Form 990, Part X, col (B) line 12) ▶ Part VIII Investments - Program Related. See Form 990, Part X, line (a) Description of investment type (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total (Col (b) must equal Form 990, Part X, col (B) line 13) ▶ Part X Other Assets. See Form 990, Part X, line 15 (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability (b) Federal income taxes (c) (d) (f) Federal income taxes (g) (g) (h) Federal income taxes (g) (h) Federal income taxes (g) (h) Federal income taxes (g) (h) Federal income taxes (g) (h) Federal income taxes (g) (h) Federal income taxes (g) (h) Federal income taxes (g) (h) Federal income taxes (g) (h) Federal income taxes (g) (h) Federal income taxes (g) (h) Federal income taxes (g) (h) Federal income taxes (g) (h) Federal income taxes (g) (h) Federal income taxes (g) (h) Federal income taxes (g) (h) Federal income taxes (g) (h) Federal income taxes (g) (h) Federal income taxes (g) (h) Federal income taxes (g) Figure 12 (Figure 12 (Fig		of valuation ear market value
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Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Fin 48 (ASC 740) Footnote in Part XIV, provide the text of the rootnote to the organization's innancial sta		

	t XI Reconciliation of Change in Net Assets from Form 990 to						L88834 Page 4
		Audi	ted Finan		statem	ents	
	`Total revenue (Form 990, Part VIII, column (A), line 12)			1	_		4347579.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			3959539.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3			388040.
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			8			
9	Total adjustments (net) Add lines 4 through 8			9			0.
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Stateme		Vith Rever	10	or Ret	urn	388040.
1	Total revenue, gains, and other support per audited financial statements		***************************************	ide p		1	4347579.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				⊢	•	
a	Net unrealized gains on investments	2a	1		- 1		
b	Donated services and use of facilities	2b	 				
c	Recoveries of prior year grants	2c	 		-		
d	Other (Describe in Part XIV)	2d					
-	Add lines 2a through 2d	_ <u> </u>	<u> </u>		─ ,	,	0.
3	Subtract line 2e from line 1					2e	4347579.
-					\vdash	3	434/3/3.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.	i .		- 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-				
b	Other (Describe in Part XIV) Add lines 4a and 4b	4b	<u> </u>			.	0
C						łc	0. 4347579.
5 Pai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) † XIII Reconciliation of Expenses per Audited Financial Stateme	ents l	With Expe	nses		5 eturn	
1	Total expenses and losses per audited financial statements	CIICO	TTILL EXPO			1	3959539.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				-	' 	
a	Donated services and use of facilities	2a	1		į		
b	Prior year adjustments	2b	+				
C	Other losses	20 2c	<u> </u>				
d	Other (Describe in Part XIV)	2d	<u> </u>				
-	Add lines 2a through 2d	20	.1		 ,	.	0.
3	Subtract line 2e from line 1				-	2e 3	3959539.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				<u> </u>	<u>-</u>	333333.
٠,	Investment expenses not included on Form 990, Part VIII, line 7b	1 4-	1				
a	Other (Describe in Part XIV)	4a 4b					
	Add lines 4a and 4b	40	<u> </u>			.	0.
			•			lc	3959539.
Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIV Supplemental Information					5	333333.
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	I, lines	1a and 4, Pa	ırt IV, İı	nes 1b a	and 2b	; Part V, line 4, Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp						
					·		
_							

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

Employer identification number

<u>s</u> u	STAINABLE MAR				13-418883	
Pa	ort I General Infor	mation on A	ctivities Ou	tside the United States. Compl	ete if the organization answered "	es"
	to Form 990, Par					
1				ds to substantiate the amount of the g	[]	—
	grantees' eligibility for th	e grants or assis	stance, and the	selection criteria used to award the gra	ants or assistance?	Yes L No
2				procedures for monitoring the use of g		es
3				an be duplicated if additional space is		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
					PUBLIC EDUCATION ON	
CAN	IADA			PROGRAM SERVICES	CLIMATE CHANGE.	141750.
			<u> </u>			
3 a	a Sub-total	0	0			141750.
ł	Total from continuation sheets to Part I	0	0			0.
(Totals (add lines 3a	0	0			141750.

Page 2 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any 13-4188834 recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be diminated a statement of the statement of SUSTAINABLE MARKETS FOUNDATION Schedule F (Form 990) 2010

(f) Manner of non-cash cash disbursement assistance (a) Amount of (h) Description (i) Method of non-cash of non-cash assistance assistance appraisal, other)	ECK 0.				cognized as tax-exempt by	
(e) Amount of cash grant	141750.CHECK				foreign country, rec	
(d) Purpose of grant	PUBLIC EDUCATION ON CLIMATE CHANGE.				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS or for which the grantee or counsel has provided a section 501(c)(3) an invalence of for which the grantee or counsel has provided a section 501(c)(3) an invalence of for which the grantee or counsel has provided a section 501(c)(3) an invalence of for which the grantee or counsel has provided a section 501(c)(3) an invalence of the grantee of country in the	
space is needed (c) Region	CANADA				is listed above that are n	יייייייייייייייייייייייייייייייייייייי
(b) IRS code section and EIN (if applicable)	V				recipient organization	
1 (a) Name of organization					2 Enter total number of retthe IBS, or for which the	

13-4188834

Page 3

SUSTAINABLE MARKETS FOUNDATION

Schedule F (Form 990) 2010

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed

۱۰					 	1	I		0
(h) Method of valuation (book, FMV, appraisal, other)							-		Schedule F (Form 990) 2010
8	1							- 	dule F
(g) Description of non-cash assistance									Sche
(f) Amount of non-cash assistance	.0								
(e) Manner of cash disbursement	НЕСК								
(d) Amount of cash grant	141750, CHECK								
(c) Number of recipients	-1								
(b) Region	CANADA								
(a) Type of grant or assistance	PUBLIC EDUCATION ON CLIMATE CHANGE.								

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2010

Yes X No

6

for Form 5713)

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.
SCHEDULE F, PART I, LINE 2: EACH ORGANIZATION RECEIVING A GRANT FROM SMF
MUST SIGN A GRANT AGREEMENT AFFIRMING THAT ALL FUNDS WILL BE EXPENDED FOR
THE DESCRIBED PROGRAM AND FOR CHARITABLE 501(C)(3) PURPOSES ONLY. THE
GRANTEE IS ALSO REQUIRED TO PROVIDE A DETAILED GRANT PROPOSAL AND
ORGANIZATION PROFILE TO SMF. AT THE END OF THE GRANT PERIOD THE
ORGANIZATION MUST PROVIDE SMF WITH A FINAL NARRATIVE AND FINANCIAL REPORT
ON HOW THE GRANT FUNDS WERE EXPENDED. SMF CHECKS EACH ORGANIZATION TO
ENSURE THAT THE ORGANIZATION AND ANY INDIVIDUALS INVOLVED WITH THE
ORGANIZATION HAVE NOT BEEN SUSPECTED OF TERRORIST ACTIVITIES.
•

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047	2010
0	

Open to Public Inspection

▶ Attach to Form 990.

2 [] Schedule I (Form 990) (2010) Employer identification number 13-4188834 (h) Purpose of grant CIVIC PARTICIPATION GEN FUND-RECYCLING or assistance X Yes CLIMATE CHANGE CLIMATE CHANGE Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any CIVIL JUSTICE GENERAL FUND recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of vaľuation (book, FMV, appraisal, other) 0 Ö ٥. 。 ö ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 75100. 180000, (d) Amount of 20000 30000 120000. 102750 cash grant FOUNDATION (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable 501 (C)(3) 501 (C)(3) 501 (C)(3) 52-1299631 501 (C)(3) 501 (C)(3) 501 (C)(3) Enter total number of section 501(c)(3) and government organizations SUSTAINABLE MARKETS 27-3018135 95-3313195 13-2876109 13-4081256 23-4364320 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization CENTER FOR JUSTICE & DEMOCRACY CONFLUENCE PHILANTHROPY, INC. ENGINEERS - 121 EAST SENACA PHYSICIANS, SCIENTISTS AND 90 BROAD STREET, SUITE 401 or government 702 H ST NW SUITE 300 POUND RIDGE, NY 10576 ESSENTIAL INFORMATION GREENPEACE FUND, INC. WASHINGTON, DC 20005 WASHINGTON, DC 20001 23 BLACK BROOK ROAD Name of the organization NEW YORK, NY 10004 NEW YORK, NY 10007 1530 P STREET, NW ITACHA, NY 14850 9 MURRARY STREET NYPIRG FUND Part II Part N N

032101 01-13-11

Schedule (Form 990) SUSTAINABLE MARKETS FOUNDATION	LE MARKET	S FOUNDATION	N	Cabod Cated	000 mody 1 club	1	13-4188834 Page 1
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REINVENT ALBANY 148 LAFAYETTE ST., 12TH FLOOR NEW YORK, NY 10013	27-1624621	501 (C)(3)	124925.	0			GEN FUND-ETHICS REFORM
1SKY EDUCATION FUND 6390 CARROL AVE TACOMA PK, MD 20912	26-1150699	501 (C)(3)	390000.	0.			CLIMATE CHANGE
CONTAINER RECYCLING INSTITUTE 4361 KEYSTONE AVE CULVER CITY, CA 90232	52-1720329	501 (C)(3)	20000.	0.			RECYCLING
WHAT IS MISSING FOUNDATIO 112 PRINCE ST NEW YORK, NY 10012	30-0175296	501 (C)(3)	28500.	0.			CULTURAL EXHIBIT
VERMONT PIREF 141 MAIN ST MONTPELIER, VT 05602	51-0163801	501 (C)(3)	5000.	0.			RECYCLING
INTERNATIONAL HUMANITIES CENTER 860 VIADE LA PAZ PACIFIC PALISADES, CA 90272	33-0267921	501 (C)(3)	75000.	0			CLIMATE CHANGE
INSTITUTE FOR POLICY STUDIES 1112 16TH ST WASHINGTON, DC 20030	52-0788947	501 (C)(3)	8000.	.0			CLIMATE CHANGE
HIGH COUNTRY NEWS 119 GRAND AVENUE PAONIA, CO 81428	23-7015336	501 (C)(3)	1000.	0.			ENVIRONMENTAL MEDIA

H

Schedule I (Form 990)

Page 2

13-4188834

Schedule I (Form 990) (2010) SUSTAINABLE MARKETS FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance to Individuals in the United States.

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(f) Description of non-cash assistance											
(e) Method of valuation (book, FMV, appraisal, other)			additional information.	ING A GRANT	T AFFIRMING	FOR	RED TO	TO SMF. AT THE	NARRATIVE AND		
(d) Amount of non- cash assistance			ine 2, and any other	ION RECEIVING	GRANT AGREEMENT	PROGRAM AND	ALSO REQUIRED	PROFILE T	A FINAL	D.	
(c) Amount of cash grant			n required in Part I, I	ORGANIZATION	SIGN A GRAN	DESCRIBED PR	GRANTEE IS	ORGANIZATIONAL PROFILE	JST PROVIDE	RE EXPENDED.	
(b) Number of recipients			de the information	501(C)(3)	1	THE	THE		ZATION MUST	FUNDS WERE	
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	SCHEDULE I, PART I, LINE 2: EACH 5	FROM SUSTAINABLE MARKETS FOUNDATION MUST	THAT ALL FUNDS WILL BE EXPENDED FOR	CHARITABLE 501(C)(3) PURPOSES ONLY.	PROVIDE A DETAILED GRANT PROPOSAL AND	END OF THE GRANT PERIOD THE ORGANIZATI	FINANCIAL REPORT ON HOW THE GRANT FUNDS	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Complete if the organization answered "Yes" to Form 990. Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Part I

Attach to Form 990. See separate instructions.

SUSTAINABLE MARKETS FOUNDATION

Employer identification number 13-4188834

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment from the organization or a related organization? X 4a X Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. a The organization? X 5a X b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? X 6a $\overline{\mathbf{X}}^{-}$ b Any related organization? 6Ь If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i) (iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of W-2	W-2 and/or 1099-MI	and/or 1099-MISC compensation	(0)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or
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1 JAY HALFON	€	0	0	0	0	0		0
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8	€							
	Θ							
3	(ii)							
	Θ							
4	(ii)							
	(1)							
5	(ii)							
	(i)							
9	(ii)							
	(i)							
7	(ii)							
	Θ							
88	<u>(ii)</u>							
	Ξ							
6	(ii)							
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11	Ξ							
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Schedule J (Form 990) 2010

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

Inspection

Employer identification number

SUSTAINABLE MARKETS FOUNDATION 13-4188834 Part I Types of Property (a) (b) (d) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts rtems contributed Form 990, Part VIII, line 1q Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 X 198861. FAIR MARKET VALUE 9 Securities - Publicly traded 10 Securities · Closely held stock Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other Other 26 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X the entire holding period? 30a b If "Yes," describe the arrangement in Part II X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? Х 32a b If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

SUSTAINABLE MARKETS FOUNDATION

Employer identification number 13-4188834

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAM SERVICES-ENVIRONMENTAL MEDIA, THE BIRTHING PROJECT, RESOURCE CONVERSATION, CIVIL JUSTICE AND ENVIRONMENTAL SUSTAINABILITY. ACTIVITIES FOR ALL PROGRAMS FOCUS ON PUBLIC EDUCATION PROGRAMS THAT INCLUDE RESEARCH AND DISSEMINATION OF INFORMATION MATERIALS THROUGH PUBLIC FORUMS AND BOTH ELECTRONIC AND PRINT MEDIA. EXPENSES \$ 1374614. INCLUDING GRANTS OF \$ 575275. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: THE BOARD MEETS TO REVIEW THE FORM 990 IN DETAIL. THE BOARD THEN TAKES A VOTE TO APPROVE THE 990 PRIOR TO SUBMISSION. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD REGULARLY MONITORS AND ENFORCES ITS CONFLICTS OF INTEREST POLICY. BOARD MEMBERS, OFFICERS AND KEY PERSONNEL ARE REQUIRED TO DISCLOSE ALL POSSIBLE CONFLICTS IMMEDIATELY IN WRITING TO THE BOARD. THE BOARD REVIEWS SUCH MATTERS AND ACTS IN ACCORDANCE WITH OUR POLICY. FORM 990, PART VI, SECTION B, LINE 15: TO DETERMINE COMPENSATION FOR ANY CEO EXECUTIVE DIRECTOR OR TOP MANAGEMENT OFFICIAL, THE BOARD MEETS IN

FORM 990, PART VI, SECTION C, LINE 19: FORM 990 IS AVAILABLE UPON REQUEST

EXECUTIVE SECTION TO REVIEW COMPENSATION. AS PART OF SUCH REVIEW,

CONSIDERS COMPARATIVE DATA FROM SIMILAR ORGANIZATIONS. SOURCES FOR THIS

DATA INCLUDE, BUT ARE NOT LIMITED TO, GUIDESTAR.ORG, JOB ANNOUNCEMENTS OF

SIMILAR ORGANIZATIONS AND DIRECT INQUIRY.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization SUSTAINABLE MARKETS FOUNDATION	Employer identification number 13-4188834
OR THROUGH GUIDESTAR. IN ADDITION, THE ORGANIZA	ATION'S AUDITS AND STATE AND
FEDERAL ANNUAL RETURNS CAN BE FOUND ONLINE AT TH	HE NYS CHARITIES BUREAU
WEBSITE. ADDITIONALLY THE ORGANIZATION'S INCORE	PORATION DOCUMENTS ARE
AVAILABLE FOR REVIEW AT THE NYS SECRETARY OF STA	ATE'S OFFICE.
FORM 990, PART IX, LINE 24F, ALL OTHER FUNCTIONA	AL EXPENSES:
EVENT EXPENSES:	
PROGRAM SERVICE EXPENSES	130892.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	130892.
GRANT ADMINISTRATION:	
PROGRAM SERVICE EXPENSES	107222.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	107222.
WEB SITE DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	103224.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	103224.
RESEARCH AND WRITING:	
PROGRAM SERVICE EXPENSES	96866.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
	Schedule O (Form 990 or 990-EZ)

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL	EXPENSES	0.
		_

FUNDRAISING	EXPENSES			0.

10885.

Schedule O (Form 990 or 990-EZ) (2010) Name of the organization	Employer identification number
SUSTAINABLE MARKETS FOUNDATION	13-4188834
DUES & SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	9383.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9383.
POSTAGE & MAILING:	
PROGRAM SERVICE EXPENSES	8706.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8706.
PHONE:	0100
PROGRAM SERVICE EXPENSES	8180.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8180.
SUPPLIES:	
PROGRAM SERVICE EXPENSES	8021.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8021.
PHOTOGRAPHY:	
PROGRAM SERVICE EXPENSES	7015.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
032212 01-24-11	Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010) Name of the organization	Page 2 Employer identification number
SUSTAINABLE MARKETS FOUNDATION	13-4188834
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2000.
EQUIPMENT EXPENSE:	
PROGRAM SERVICE EXPENSES	1693.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1693.
OUTREACH DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	1500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1500.
WEBSITE DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	1186.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1186.
PAYPAL FEES:	
PROGRAM SERVICE EXPENSES	1181.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1181.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization SUSTAINABLE MARKETS FOUNDATION	Employer identification number 13-4188834
SOFTWARE:	
PROGRAM SERVICE EXPENSES	876.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	876.
CREDIT CARD FEES:	
PROGRAM SERVICE EXPENSES	741.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	741.
FILING FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	387.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	387.
DONATIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	300.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	300.
COMPUTER REPAIRS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	150.
FUNDRAISING EXPENSES	0.
032212 01-24-11	Schedule O (Form 990 or 990-EZ) (2010)

		or 990 EZ) (2010)									Page 2
Name of th	ne organizati	on SUSTAI	NABLE M	ARKETS	FOUN	DATI	ON			Employer id 13 - 4	lentification number 188834
TOTAL	EXPEN	SES									150.
FOTAL	OTHER	EXPENSES	ON FOR	м 990,	PART	IX,	LINE	24F,	COL	A	731325.
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Form 8868	8 (Rev. 1-2011)					Page 2		
• If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this bo	x	•	X		
	y complete Part II if you have already been granted an a				8868			
	re filing for an Automatic 3-Month Extension, complet							
Part II	Additional (Not Automatic) 3-Month E			onies r	needed)			
Type or	Name of exempt organization	T	Employer identification number					
print	 SUSTAINABLE MARKETS FOUNDAT		1					
File by the extended due date for	Number, street, and room or suite no. If a P.O. box, so 45 WEST 36TH STREET, NO. 6TH							
filing your return See instructions	City, town or post office, state, and ZIP code. For a following YORK , NY 10018	oreign add	dress, see instructions					
Enter the I	Return code for the return that this application is for (file	e a separa	te application for each return)			01		
Application Return Application						Return		
Is For		Code	Is For					
Form 990		01						
Form 990-	BL	02	Form 1041-A					
Form 990-	EZ	01	Form 4720					
Form 990-	PF	04	Form 5227					
Form 990-	T (sec 401(a) or 408(a) trust)	05	Form 6069		11			
Form 990-	T (trust other than above)			12				
• The bo	onot complete Part II if you were not already granted JAY HALFON ooks are in the care of ▶ 45 WEST 36TH ST one No ▶ 212 764-0521			isiy inc				
•	rganization does not have an office or place of business	c in the life						
	s for a Group Return, enter the organization's four digit (6-				
box ▶	If it is for part of the group, check this box	1						
	quest an additional 3-month extension of time until		ach a list with the names and EINs of all 15, 2012	memb	ers the extension is	ior		
				ATTC	31, 2011			
	,							
0 11 11	6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return							
7 Stat	☐ Change in accounting period							
7 State in detail why you need the extension INFORMATION NEEDED TO FILE AN ACCURATE RETURN IS NOT AVAILABLE A TIME								
0- 1646	10 000 DE 000 T 4700	0000						
	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	enter the tentative tax, less any		_	0.		
	refundable credits. See instructions	8a	\$	<u> </u>				
	is application is for Form 990-PF, 990-T, 4720, or 6069,							
	payments made Include any prior year overpayment all		_	^				
	viously with Form 8868.	8b	\$	<u> </u>				
	ance due. Subtract line 8b from line 8a. Include your pa		th this form, if required, by using			^		
EFT	PS (Electronic Federal Tax Payment System) See instru		174 - 10	8c	\$	0.		
Under pena	illies of perjury, I declare that I have examined this form, includi	ing accomp	nd Verification panying schedules and statements, and to the	e best o	f my knowledge and be	elief,		
	prect, and complete, and that I am authorized to prepare this fo							
Signature	Title ▶ S	Date	Date ►					